

VACCINE TRANSFER FORM

This form is to be used in the event of transferring vaccine from provider to provider. This form should ONLY be filled out after notifying the State of South Dakota Central Office at 1-800-592-1861 or (605) 773-3737.

Transferring Providers Instructions

1. Notify the Vaccine Management Clerk for the State of the intent to transfer vaccine.
2. Complete the transfer form in its entirety.
3. Sign and date the bottom of the form (**Signature of Transferring Provider**) upon the date of the actual transfer.
4. **Keep the PINK** copy (copies of this form can be made) of the form and enclose the white and canary copy along with the vaccine.

Receiving Providers Instructions

1. Upon arrival of the vaccine, check the quantities and lot numbers against what is listed below. (If you find a discrepancy notify the Vaccine Management Clerk IMMEDIATELY).
2. Sign and date the bottom of the form in the appropriate place (**Signature of Receiving Provider**).
3. Mail the **WHITE** copy to the state office.

Date of Transfer _____

Transferring Provider Name _____ Provider # _____

Receiving Provider Name _____ Provider # _____

Type of Vaccine	Lot Number	# of Doses	Reason for Transfer

Signature of Transferring Provider _____ Date _____

Signature of Receiving Provider _____ Date _____

White Copy: Retained by the State Office/Canary Copy: Completed & retained by Receiving provider/Pink Copy: Completed and retained by the Transferring Provider.